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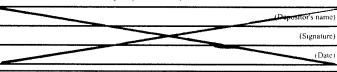
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BROOKS KUSHMAN P.C. 1000 TOWN CENTER TWENTY-SECOND FLOOR SOUTHFIELD, MI 48075 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/567,194	02/03/2006	John Holly	SHAD0102PUSA	9569

TITLE OF INVENTION: SEED DISTRIBUTION METHOD AND APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/08/2009		
EXAMINER		ART UNIT	CLASS-SUBCLASS					
NOVOSAD, CHRISTOPHER J		3641	111-200000	•				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Brooks Kushman P. 6					
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp GNEE		THE PATENT (print or typedata will appear on the pater a substitute for filing and (B) RESIDENCE: (CITY)	atent. If an assignee is ideassignment.	RY)			
Issue Fee Publication Fee (No small entity discount permitted)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.2-3978 (enclose an extra copy of this form).					
NOTE: The Issue Fee an	s SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no long					
Authorized Signature	/John E. N	emazi/		Date Januar	cy 8, 2009			

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